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*Nevada City*

April 6, 2007

Federal Communications Commission  
Electronic Filing System

**RE: WC Docket No. 02-60**

To Whom It May Concern:

Northern Sierra Rural Health Network supports the recommendation of the American Telemedicine Association petition for reconsideration of the Rural Health Care Support Mechanism Second Report and Order. We agree that communities currently "grandfathered" under the previous definition should continue to be eligible for universal service funding.

NSRHN is a regional rural health network that coordinates telemedicine services on behalf of 41 rural health providers. We have been an active user of the Universal Service program that currently provides about \$120,000 in telecommunication subsidies to our members. We thank the FCC for this tremendous program that truly expands access to needed services for rural patients across the country.

At the time that the FCC adopted this Order in 2004, we pointed out significant flaws in the methodology used by the FCC, which result in truly rural communities being left out of the universal service program. Since these flaws have not yet been addressed, to our knowledge, the impact will be that rural communities deserving of support will be eliminated from the program.

The FCC definition of rural states that a community is not considered rural if a census tract in a large CBSA contains all or part of a place or urban area with a population that exceeds 25,000.

In analyzing the impact of this definition on California, we note two significant problems. First, as the FCC correctly notes in its December, 2004 Rulemaking (WC 02-60) selecting a population threshold is not an exact science. However, using the census bureau "urban core" concept and combining that with a population cap of 25,000 results in many rural communities who do not have access to adequate services being eliminated from the universal service program. This is particularly true out in the west, where the census bureau has drawn

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large “urban core” boundaries, meaning that some communities may be 30 miles or more away from the “urban core”. We recommend that to more accurately reflect the realities of the large rural counties in the west, the FCC expand the urban core population threshold to 50,000.

The second problem lies in the two words “or part”. For example, in reviewing the impact of the new definition in Nevada County, a rural county where NSRHN operates, we learned that many of the communities previously considered rural are now considered “not rural” because a small part of census-defined urban core (which does not follow census tract boundaries) bleeds into an otherwise complete rural census tract. In some cases, this contamination affects one small corner of a very large census tract. The rural health facility may be located in the opposite corner of this rural census tract, but it is now not eligible for universal service. To correct this issue, we recommend that the FCC remove the words “in part” and require that to be considered “non-rural” a census tract must be wholly inside a designated urban core.

We understand that changing the definition of rural is beyond the scope of this request for comments. However, since the flaws we pointed out in 2004 have not yet been addressed, the impact of fully implementing the new rural definition will result in a loss of universal service support for otherwise eligible communities. This, in turn, will cause many rural health facilities to disconnect their very expensive telecommunication services, which will, in turn, negatively impact access to health services and quality care.

We urge the FCC to extend the grandfathering of existing rural communities until such time as the significant flaws in the methodology pointed out above can be satisfactorily resolved.

Sincerely,

SPERANZA AVRAM  
Executive Director